

Pls. Change ==>

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90033 047 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

| | |
|-------------------------------------|--|
| DOCUMENT # P03000025149 | |
| 1. Entity Name | |
| M R Investment Group of Orlando Inc | |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|----------------|---------------------------|----------------|
| 2. Principal Place of Business 4042 Middlebrook Road 1428 | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Orlando, FL | | City & State | |
| Zip 32811 | Country | Zip | Country |

94059853

DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|---|--|
| 4. FEI Number 81-0599150 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|-----------------------------------|---|-----------|--------------------------|
| DO NOT WRITE IN THIS SPACE | 7. Name and Address of Current Registered Agent | | |
| | Name Rehan, Syed | | |
| | Street Address (P.O. Box Number is Not Acceptable) 4042 Middlebrook Road 1428 | | |
| | City Orlando | FL | Zip Code 32811 |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. | |
|---|---|-----------------------|--|
| TITLE President | NAME Rehan, Syed | TITLE | |
| STREET ADDRESS 4042 Middlebrook Road 1428 | CITY-ST-ZIP Orlando, FL - 32811 | NAME | |
| TITLE Vice President | NAME Motiwala Mohammad H | STREET ADDRESS | |
| STREET ADDRESS 4042 Middlebrook Road 1428 | CITY-ST-ZIP Orlando, FL - 32811 | CITY-ST-ZIP | |
| TITLE Secretary | NAME Rehan, Sarah | TITLE | |
| STREET ADDRESS 4042 Middlebrook Road 1428 | CITY-ST-ZIP Orlando, FL - 32811 | NAME | |
| TITLE Treasurer | NAME Motiwala, Rehnuma | STREET ADDRESS | |
| STREET ADDRESS 4042 Middlebrook Road 1428 | CITY-ST-ZIP Orlando, FL - 32811 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/04

407-489-1100